Authorization to Access Sue and Bill Gross Stem Cell Research Center
The Core Facility

This Authorization is required to obtain access and to perform research procedures at the Stem Cell Core Facility. Please return your completed and signed form to Christina Tu, 3022 Gross Hall, htu@uci.edu or (949)824-0263.

Application Type:  ☐ New  ☐ Annual Renewal

Name(Last, First):  
Title:

Home Department:  
UCI.EDU e-mail address:

Phone:  
Emergency Phone (after hours)#:

PI's Name(Last, First):  
PI's Phone:

hSCRO Protocol that you are listed on:

IBC Protocol # that you are listed on:

Please describe the procedures you will be involved in performing while at the Research Center:

Required Training Course: (https://www.ted.uci.edu)

☐ Stem Cell Techniques Course  Date complete  Expires
☐ Laboratory Core Safety  Date complete  Expires
☐ Hazardous Waste  Date complete  Expires
☐ Bloodborne Pathogens  Date complete  Expires
☐ Viral Vectors (if required)  Date complete  Expires
☐ Select Agents (if required)  Date complete  Expires
Recharge/Funding:
Account/Fund
Agency:
(To PI: Providing an Account/Fund and signing this form you are giving authorization to this person to purchase on this account)

Have you reviewed the Facility Guidelines?  Yes  Date reviewed:
Have you completed the Laboratory Tour?  Yes  Date completed:

Keycard access is granted to approve employees only and shall not be utilized by others for any reason. A breach in security may result in revoked facility usage. Notify the Center when no longer using the facility

Access granted  Date  Card number  Picture  Date

Responsibilities and Code of Conduct

1. I understand the Core Facility is a Federal-free zone and that all materials and supplies (including notebooks, pens, and lab coats) must be purchased using non-Federal funds that have been transferred to the Core. I also understand that any human embryonic stem cell lines supplied to me by the Core Facility cannot under any circumstance be removed from the Facility and that only data in digital form can be taken from the Facility. I further understand that access to the Core Facility is a privilege and that I cannot allow others into the Facility without written permission of the Core Director or designate. Loan of access cards to others will result in immediate loss of access to the Facility and loss of privileges.

2. I confirm that all persons involved with this project (including my collaborators) have been adequately trained in good tissue culture techniques, have received instruction on any specific hazards associated with the project and worksite, and are aware of any specific safety equipment, practices, and behaviors required while conducting project procedures and using these facilities.

3. I will immediately report to Core personnel any accident, injury, spill of biohazardous material, equipment or facility failure (i.e., ventilation failure), and/or any breakdown in procedure that could result in potential exposure of laboratory personnel, staff, or the public to biohazardous or toxic material.

4. I confirm that no work that requires IBC approval will be initiated or modified until approval is received and all sponsoring agency requirements have been met.

5. I approve a $5 keycard cost to be charged to my account.

6. I certify that the information provided within this application is accurate to the best of my knowledge.

Signature of Personnel:  Date:
Signature of PI:  Date:
Signature of Core Coordinator:  Date: